UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1429829

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** THOMSON REUTERS NIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form.....1

SEC USE ONLY								
Prefix Serial								
DATE RECEIVED								

Name of Offering (check if this is an amer	idment and name has chang	ged, an	d indicate change.)					
Series A Preferred Stock								
Filing Under (Check box(es) that apply):	☐ Rule 504		☐ Rule 505	Rule 506		☐ Section 4(6)	☐ ULOE	
Type of Filing:			New Filing		×	Amendment		
	A. BAS	IC IDI	ENTIFICATION DA	ATA				
1. Enter the information requested about the	e issuer							
Name of Issuer (check if this is an amenda	nent and name has changed	, and i	ndicate change.)					
Packaged Business Solutions International, In	ic.							
Address of Executive Offices	(Number and St	reet, C	City, State, Zip Code)	Telephone Nur	nber (Including Area Coo	le)	
2151 Salvio Street, Suite 310, Concord, CA 9	4520			(925) 671-70	71			
	Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)							
(if different from Executive Offices)				Mail	SE(C essing		
Brief Description of Business				S	ectio	essing -		
Computer Technology	•							
Type of Business Organization				יווער ו	722	Πηρ		
☑ corporation □	l limited partnership, alread	ly forn	ned			008 other (please speci	fy):	
□ business trust □	limited partnership, to be	forme	d	Washin	Oton.			
		_			919 91	OC.		
Actual or Estimated Date of Incorporation or	Organization:	03	3 2	2007		Actual	☐ Estimated	
Jurisdiction of Incorporation or Organization	(Enter two-letter U.S. F	ostal S	Service abbreviation f	for State:		Notical		
	CN for Canada; FN for	other	foreign jurisdiction)				DE.	
GENERAL INSTRUCTIONS				•				
Federal:						W 1111 ma	M/////	
Who Must File: All issuers making an offering of sec					11111		WWW	
When to File: A notice must be filed no later than 15 earlier of the date it is received by the SEC at the	•		-		\ \\			C) on the

earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is a certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not ma copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereten information requested in Part

C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

...ust be photocopies of the manually signed

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
	name first, if indiv	idual)	·		· · · · · · · · · · · · · · · · · · ·					
Kilner, Natalie										
Business or Residence Address (Number and Street, City, State, Zip Code) 2151 Salvio Street, Suite 310, Concord, C&94520										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)										
Dalton, Peter	,	,								
Business or Res	idence Address (Nu	imber and Street, City, State, Z	ip Code)	·						
c/o Packaged B	usiness Solutions In	temational, Inc., 2151 Salvio S	Street, Suite 310, Concord, C	A 94520						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Las Lyons, Michael	t name first, if indiv	idual)		**-						
		imber and Street, City, State, Z								
c/o Packaged B	usiness Solutions In	temational, Inc., 2151 Salvio S	Street, Suite 310, Concord, C	A 94520						
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
	t name first, if indiv	idual)								
	tment Group LLC									
		imber and Street, City, State, Z	ip Code)							
	Way, Bakersfield, C			_ _						
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Las Vanguard Atlan	t name first, if indiv tic Ltd.	idual)								
	idence Address (Nu Saranac, NY 12983	imber and Street, City, State, Z	ip Code)							
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Las	t name first, if indiv	idual)								
Raymond Scott										
Business or Res	idence Address (Nu	imber and Street, City, State, Z	ip Code)							
		ternational, Inc., 2151 Salvio S		A 94520						
Check Boxes that Apply:	Promoter	■ Beneficial Owner ■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Las	t name first, if indiv	idual)								
The Paul Masor	n Revocable Trust 2	002								
Business or Res	idence Address (Nu	imber and Street, City, State, Z	ip Code)	·						
c/o Packaged B	usiness Solutions In	ternational, Inc., 2151 Salvio S	Street, Suite 310, Concord, C	A 94520						
Check Boxes th Apply:	at Pron	noter 🗷 Beneficia	al Owner	Officer Director	☐ General and/or Managing Partner					
Full Name (Las	t name first, if indiv	idual)	11-11		·					
PMF Trust 2003										
		imber and Street, City, State, Z	ip Code)		• • • • • • •					
	,	ternational, Inc., 2151 Salvio S	-	A 94520						
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1.	Has the issuer sold, or does the issuer intend to sell, to nonaccredited investors in this offering?) X _.	
2.	2. What is the minimum investment that will be accepted from any individual?										\$ N/A		
3.	3. Does the offering permit joint ownership of a single unit?										Yes No	> <u>X</u>	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (Last na	ame first, if	individual)										
N/A													
Bus	iness or Reside	ence Addres	s (Number a	and Street, (City, State,	Zip Code)			_	,			
Nan	ne of Associate	ed Broker or	r Dealer						<u> </u>			·	×
Stat	es in Which Pe	erson Listed	Has Solicite	ed or Intend	ls to Solici	t Purchasers							
	eck "All States								*******************	*************************	,-,,,	14114414174174174174	All States
JAL		AKI	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IILI		IN]	[]A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	IMOI
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RI		SCI	[SD]	[TN]	[TX]	JUT]	[VT]	[VA]	[VA]	[WV]	(WI)	[WY]	IPR]
	Name (Last na	<u> </u>		[114]	[IA]	1011	1,11	[,,,,	1474	£11.11	15-4		1
Bus	iness or Reside	ence Addres	ss (Number a	and Street, (City, State,	Zip Code)							-
Nan	ne of Associate	ed Broker oi	r Dealer										
	es in Which Pe												
(Ch	eck "All States	s" or check i	individual S	tates)								···········	All States
[AL] [/	AKJ	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	HI	[ID]
[IL]	H	IN	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ĮΜΊ	ון וי	NEJ	ĮNVJ	[NH]	[אן]	[NM]	[NY]	[NC]	INDI	[OH]	JOKJ	[OR]	[PA]
(RI)	2	SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	ĮΨVĮ	ĮWIJ	[WY]	[PR]
Full	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
Stat	es in Which Pe	erson Listed	Has Solicite	ed or Intend	ls to Solici	t Purchasers			. 74				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
JAL		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IIL	-	IN]	(1A)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		NE]	[NV]	[NH]	[NJ]	[NM]	INY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]		SC]	[SD]	[TN]	jTX]	 [UT]	IVT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box 🛘 and indicate in the columns below the amounts of the securities offered for exchange and aleady exchanged Amount Already Aggregate Type of Security Offering Price Sold \$ Debt \$ 750,001.03 \$750,001.03 Equity \mathbf{x} Common Preferred Convertible Securities (including warrants)..... Partnership Interests.... Other (Specify _____) \$ 750,001.03 Total \$ 750,001.03 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases \$ 750,001.03 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1. Type of Dollar Amount Security Sold Type of Offering \$ 0 Rule 505 \$ 0 Regulation A..... \$ 0 Rule 504 \$ 0 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 冈 \$ 20,000 Legal Fees. П Accounting Fees Engineering Fees. Sales Commissions (specify finders' fees separately).....

Other Expenses (Identify)_____

Total

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

X

\$ 20,000

C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSES AND USE OF PROCEEDS	· · · · · · · · · · · · · · · · · · ·		
 Enter the difference between the aggregate offering price given in res in response to Part C – Question 4.a. This difference is the "adjusted" 	ponse to Part C - Question 1 and total expenses furnished gross proceeds to the issuer"	\$ 730,001.03		
5. Indicate below the amount of the adjusted gross proceeds to the issuer use If the amount for any purpose is not known, furnish an estimate and che payments listed must equal the adjusted gross proceeds to the issuer set for				
	Payment to Officers, Directors, & Affiliates	Payment To Others		
Salaries and fees		□ s		
Purchase of real estate	s	□ s		
Purchase, rental or leasing and installation of machinery and equipment		[] \$		
Construction or leasing of plant buildings and facilities				
Acquisition of other businesses (including the value of securities involved in t in exchange for the assets or securities of another issuer pursuant to a merger).	his offering that may be used	□ s		
Repayment of indebtedness	□ \$			
Working capital		\$ 730,001.03		
Other (specify):	1 1 \$	□ s		
		□ s		
Column Totals		□ s		
Total Payments Listed (column totals added)	.03			
D. FEDE	RAL SIGNATURE	<u>.</u>		
The issuer had duly caused this notice to be signed by the undersigned duly au an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	thorized person. If this notice is filed under Rule 505, the emmission, upon written request of its staff, the information	following signature constitutes furnished by the issuer to any		
77	Signature	Date		
Packaged Business Solutions International, Inc.	Hasp	6/30/08		
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Natalie Kilner	President and Chief Executive Officer			

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

